

# Percutaneous interlaminar endoscopic lumbar discectomy for sciatica

Information for the public

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## What has NICE said?

Percutaneous interlaminar endoscopic lumbar discectomy is safe enough and works well enough for use in the NHS.

NICE is asking health professionals to send information about everyone who has the procedure and what happens to them afterwards to a database at the British Spine Registry so that how well it works can be checked over time.

Percutaneous interlaminar endoscopic lumbar discectomy should only be done by surgeons with specific expertise and training in the procedure, and at first they should do it with another experienced surgeon who does the procedure regularly.

## What does this mean for me?

Your health professional should fully explain what is involved in having this procedure, and discuss the possible benefits and risks with you. You should also be told how to find more information about the procedure and about other treatment options. All of this should happen before you decide whether you want to have this procedure or not. Your health professional should ask you if details of your procedure can be collected.

## The condition

The tough outer cover of a disc is called the annulus. It can sometimes tear, allowing the soft centre to bulge through. This is called herniation, also known as 'slipped disc'. If it presses on a nerve, the slipped disc can cause pain in the back, pain in the leg (sciatica), and numbness or weakness in the legs.

Treatments include painkillers, drugs to reduce inflammation, corticosteroid injections into the affected area, physical therapy and acupuncture. If these treatments don't work and the symptoms are severe or long lasting the disc may be removed, either by open surgery or using less invasive techniques. This is called discectomy.

NICE has looked at using [percutaneous interlaminar endoscopic lumbar discectomy](#) as another treatment option, particularly for L5/S1 discs.

[NHS Choices](#) may be a good place to find out more.

## The procedure

This procedure is done using local or general anaesthetic, with the patient lying face down. It aims to relieve sciatica by removing tissue from the damaged disc.

A small cut is made in the lower back and, using X-ray imaging to identify the correct place, a guide wire is inserted. An endoscope (a thin tube with a camera on the end) and special instruments are inserted and used to remove tissue from the damaged disc. A laser may also be used to help remove the tissue. The patient can usually get up within a few hours of the procedure.

## Benefits and risks

When NICE looked at the evidence, it decided that there was enough evidence to know how well this procedure works and how safe it is. The 8 studies that NICE looked at involved a total of 2,925 patients.

Generally, they showed the following benefits:

- pain relief in some patients, lasting up to 24 months after the procedure
- improved ability to carry out everyday tasks, in some patients
- most patients were able to return to work from 5 to 33 days after the procedure.

Symptoms came back in a few people, needing further treatment.

The studies showed that the risks of the procedure included:

- damage to the vertebrae, to the tissue that covers the spinal cord, or to nerves. In a few people this caused leg weakness and 1 person developed a condition known as foot drop, affecting walking, that did not get better over time
- problems after the procedure including burning sensation or numbness in the legs. These got better over time for most people, but some people needed more surgery
- cavities filled with fluid forming around the site of the procedure that needed surgery to correct.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

## Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?

- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

## About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

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## Accreditation

